

NUTT & MCALISTER, P.L.L.C.

David H. Nutt

Mary E. McAlister*

**also licensed in Louisiana*

January 6, 2009

Via Electronic mail only: Cathy.Perry@BeasleyAllen.com
Beasley, Allen, Methvin, Portis & Miles, P.C.
Cathy Perry
234 Commerce Street
Montgomery, AL 36104

Re: Avandia Referrals

Dear Ms. Perry:

Please find attached the following seven Avandia client files that we would like to refer to your office.

- 1. Charles Broom;**
- 2. Birdie Lee Chadwick;**
- 3. Vanessa Evans;**
- 4. Earl Everett, Jr.**
- 5. Phyllis McCoy**
- 6. Ernest Reedy**
- 7. Carlene Smith**

In anticipation of your office accepting these referrals, we have enclosed herewith Beasley-Allen client questionnaires and medical authorizations. It is our understanding that the referral fee is one-third for clients for whom we have obtained a Beasley-Allen contract, client questionnaire and medical authorizations. To preserve our one-third fee, we will obtain a signed Beasley-Allen contract once your office makes a decision whether or not to accept these referrals. Please let us know as soon as possible whether or not your office accepts these referrals.

If you should have any questions, please contact us.

Sincerely,

Mary E. McAlister

Mary E. McAlister

MEM/bc
Attachments

Exhibit 40

Charles
Edward
Broom

ROSIGLITAZONE (AVANDIA) QUESTIONNAIRE

NOTE: PLEASE ANSWER ALL QUESTIONS IN FULL. WE CANNOT ORDER YOUR MEDICAL RECORDS AND BEGIN OUR INVESTIGATION WITHOUT THE MONTH AND YEAR YOU BEGAN TAKING AVANDIA AND STOPPED TAKING AVANDIA AND THE MONTH AND YEAR YOU WERE DIAGNOSED.

CLIENT INFORMATION:

Name: Charles Edward Broom Spouse's Name: Deceased
Street Address: 1710 Orchard Drive
City/State/Zip: Columbia MS 39429 County: Marion
Home Telephone: 601-736-6730 Cell: _____ Work Telephone: N/A
DOB: 05/05/1931 SSN: [REDACTED] Reference No.: _____
month date year
Height: 5'9" Weight: 180
Marital Status: Single Married Divorced Widowed
Employment Status: Full-time Part-time Disabled Retired
Name of Employer: N/A

ALTERNATE CONTACT:

Alternate Contact Person (outside of home)	
IMPORTANT INFORMATION MUST BE FILLED IN	
Name <u>Charlotte Hibley</u>	Home Phone <u>601-736-6178</u>
Address <u>39 Barber Dr</u>	Work Phone <u>601-441-3964</u>
City/State/ZIP: <u>Columbia MS 39429</u>	Relation to Client: <u>Daughter</u>

DECEDENT INFORMATION: N/A

(IF YOU ARE FILING ON BEHALF OF A DECEASED PATIENT, PLEASE COMPLETE THE INFORMATION BELOW)

Name of Deceased Patient: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ SSN: ____-____-____

What was the cause of death, as listed on the Death Certificate?

Was an autopsy performed? (Please circle)

YES

NO

Because of privacy rules under The Health Insurance Portability Act (HIPPA), Public Law 104-191, August 21, 1996, and lack of relevance to McAlister's Motion to Dismiss, only pages 1 and 2 of the enclosures are included in this Exhibit, and the remaining 56 pages of enclosures to Avandia client Charles Edward Broom's referral letter are omitted.

Birdie
Lee
Chadwick

ROSIGLITAZONE (AVANDIA) QUESTIONNAIRE

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CLIENT INFORMATION:

Name: Birdie Lee Chadwick Spouse's Name: N/A
Street Address: 3437 Mt. Pleasant
City/State/Zip: Houston, TX 77021-5505 County: Harris
Home Telephone: 713-748-2473 Cell: _____ Work Telephone: _____
DOB: 11 / 29 / 1919 SSN: [REDACTED] Reference No.: _____
month date year
Height: 5'4" Weight: 170#
Marital Status: Single Married Divorced Widowed
Employment Status: Full-time Part-time Disabled Retired
Name of Employer: _____

ALTERNATE CONTACT:

Alternate Contact Person (outside of home)	
IMPORTANT INFORMATION MUST BE FILLED IN	
Name <u>Annie Mae Mack</u>	Home Phone <u>713-747-3430</u>
Address <u>5143 Baskin</u>	Work Phone _____
City/State/ZIP: <u>Houston, TX 77021</u>	Relation to Client: _____

DECEDENT INFORMATION:

(IF YOU ARE FILING ON BEHALF OF A DECEASED PATIENT, PLEASE COMPLETE THE INFORMATION BELOW)

N/A
Name of Deceased Patient: _____ Relationship to Client: _____
Date of Birth: ____/____/____ Date of Death: ____/____/____ SSN: ____-____-____
What was the cause of death, as listed on the Death Certificate?

Was an autopsy performed? (Please circle) YES NO

Because of privacy rules under The Health Insurance Portability Act (HIPPA), Public Law 104-191, August 21, 1996, and lack of relevance to McAlister's Motion to Dismiss, only pages 1 and 2 of the enclosures are included in this Exhibit, and the remaining 239 pages of enclosures to Avandia client Birdie Lee Chadwick's referral letter are omitted.

Vanessa
Evans

ROSIGLITAZONE (AVANDIA) QUESTIONNAIRE

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CLIENT INFORMATION:

Name: Vanessa B. Evans Spouse's Name: _____
Street Address: 432 Little I-20 Road
City/State/Zip: Lawrence MO 39336 County: _____
Home Telephone: 601-683-3498 Cell: _____ Work Telephone: None
DOB: 08/30/1973 SSN: [REDACTED] Reference No.: _____
month date year
Height: 5'3" Weight: 230lbs
Marital Status: ☒ Single Married Divorced Widowed
Employment Status: Full-time Part-time Disabled Retired Not employed
Name of Employer: _____

ALTERNATE CONTACT:

Alternate Contact Person (outside of home)	
IMPORTANT INFORMATION MUST BE FILLED IN	
Name <u>Irma Walker</u>	Home Phone <u>601-683-4842</u>
Address _____	Work Phone _____
City/State/ZIP: _____	Relation to Client: _____

DECEDENT INFORMATION: N/A
(IF YOU ARE FILING ON BEHALF OF A DECEASED PATIENT, PLEASE COMPLETE THE INFORMATION BELOW)

Name of Deceased Patient: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ SSN: ____-____-____

What was the cause of death, as listed on the Death Certificate?

Was an autopsy performed? (Please circle)

YES

NO

Because of privacy rules under The Health Insurance Portability Act (HIPPA), Public Law 104-191, August 21, 1996, and lack of relevance to McAlister's Motion to Dismiss, only pages 1 and 2 of the enclosures are included in this Exhibit, and the remaining 24 pages of enclosures to Avandia client Vanessa Evans' referral letter are omitted.

Earl
Everette,
Jr.

ROSIGLITAZONE (AVANDIA) QUESTIONNAIRE

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CLIENT INFORMATION:

Name: Lewis Earl Everett, Jr. Spouse's Name: N/A
Street Address: 3802 Highland Avenue
City/State/Zip: Meridian, MS 39305 County: Lauderdale
Home Telephone: (601) 483-3275 Cell: _____ Work Telephone: _____
DOB: 1 / 20 / 1963 SSN: [REDACTED] Reference No.: _____
month date year
Height: 5' 8" Weight: 235 #
Marital Status: Single Married Divorced Widowed
Employment Status: Full-time Part-time Disabled Retired
Name of Employer: City of Meridian

ALTERNATE CONTACT:

Alternate Contact Person (outside of home)	
IMPORTANT INFORMATION MUST BE FILLED IN	
Name <u>Lewis & Joyce Everett</u>	Home Phone <u>601-483-7988</u>
Address <u>105 Pinewood Drive</u>	Work Phone _____
City/State/ZIP: <u>Newton, MS 39345</u>	Relation to Client: _____

DECEDENT INFORMATION:

(IF YOU ARE FILING ON BEHALF OF A DECEASED PATIENT, PLEASE COMPLETE THE INFORMATION BELOW)

N/A
Name of Deceased Patient: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ SSN: ____-____-____

What was the cause of death, as listed on the Death Certificate?

Was an autopsy performed? (Please circle) YES NO

Because of privacy rules under The Health Insurance Portability Act (HIPPA), Public Law 104-191, August 21, 1996, and lack of relevance to McAlister's Motion to Dismiss, only pages 1 and 2 of the enclosures are included in this Exhibit, and the remaining 47 pages of enclosures to Avandia client Earl Everette Jr.'s referral letter are omitted.

Nutt & McAlister Avandia Referral

Phyllis
McCoy

ROSIGLITAZONE (AVANDIA) QUESTIONNAIRE

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CLIENT INFORMATION:

Name: Phyllis McCoy Spouse's Name: n/a

Street Address: 908 Anise St.

City/State/Zip: DeQuincy, LA 70633 County: Calcasieu

Home Telephone: 337-786-3233 Cell: 337-884-2154 Work Telephone: _____

DOB: 1 / 15 / 1967 SSN: [REDACTED] Reference No.: _____
month date year

Height: 5' 3" Weight: 303# ✓

Marital Status: Single Married Divorced Widowed

Employment Status: Full-time Part-time Disabled Retired

Name of Employer: not employed

ALTERNATE CONTACT:

Alternate Contact Person (outside of home)	
IMPORTANT INFORMATION MUST BE FILLED IN	
Name <u>Cheryl McCoy</u>	Home Phone <u>337-396-1239</u>
Address <u>815 Bond Rd.</u>	Work Phone _____
City/State/ZIP: <u>DeQuincy, LA 70633</u>	Relation to Client: _____

DECEDENT INFORMATION:

(IF YOU ARE FILING ON BEHALF OF A DECEASED PATIENT, PLEASE COMPLETE THE INFORMATION BELOW) N/A

Name of Deceased Patient: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ SSN: ____-____-____

What was the cause of death, as listed on the Death Certificate?

Was an autopsy performed? (Please circle) YES NO

Because of privacy rules under The Health Insurance Portability Act (HIPPA), Public Law 104-191, August 21, 1996, and lack of relevance to McAlister's Motion to Dismiss, only pages 1 and 2 of the enclosures are included in this Exhibit, and the remaining 14 pages of enclosures to Avandia client Phyllis McCoy's referral letter are omitted.

Ernest
Reedy

ROSIGLITAZONE (AVANDIA) QUESTIONNAIRE

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CLIENT INFORMATION:

Name: Ernest N. Reedy Spouse's Name: N/A
Street Address: 1113 Rolling Hills Dr.
City/State/Zip: New Albany, MS 38652 County: Union
Home Telephone: 662-539-0622 Cell: _____ Work Telephone: _____
DOB: 12 / 15 / 1926 SSN: [REDACTED] Reference No.: _____
month date year
Height: 6' 1" Weight: 247#
Marital Status: Single Married Divorced Widowed
Employment Status: Full-time Part-time Disabled Retired
Name of Employer: _____

ALTERNATE CONTACT:

Alternate Contact Person (outside of home)	
IMPORTANT INFORMATION MUST BE FILLED IN	
Name <u>Larry N. Reedy</u>	Home Phone _____
Address <u>P.O. Box 312</u>	Work Phone _____
City/State/ZIP: <u>New Albany, MS 38652</u>	Relation to Client: _____

DECEDENT INFORMATION :

(IF YOU ARE FILING ON BEHALF OF A DECEASED PATIENT, PLEASE COMPLETE THE INFORMATION BELOW)

N/A
Name of Deceased Patient: _____ Relationship to Client: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ SSN: ____-____-____

What was the cause of death, as listed on the Death Certificate?

Was an autopsy performed? (Please circle) YES NO

Because of privacy rules under The Health Insurance Portability Act (HIPPA), Public Law 104-191, August 21, 1996, and lack of relevance to McAlister's Motion to Dismiss, only pages 1 and 2 of the enclosures are included in this Exhibit, and the remaining 151 pages of enclosures to Avandia client Ernest Reedy's referral letter are omitted.

Carlene
Smith

ROSIGLITAZONE (AVANDIA) QUESTIONNAIRE

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CLIENT INFORMATION:

Name: Carlene Smith Spouse's Name: n/a
Street Address: 3059 Louisville Rd.
City/State/Zip: Sturgis, MS 39769 County: Oktibbeha
Home Telephone: 662-465-7549 Cell: _____ Work Telephone: _____
DOB: 6/12/1934 SSN: [REDACTED] Reference No.: _____
month date year
Height: 5' 2" Weight: 145
Marital Status: Single Married Divorced Widowed
Employment Status: Full-time Part-time Disabled Retired
Name of Employer: _____

ALTERNATE CONTACT:

Alternate Contact Person (outside of home)	
IMPORTANT INFORMATION MUST BE FILLED IN	
Name <u>Walter Smith</u>	Home Phone <u>662-465-8622</u>
Address <u>3400 Morgantown Rd.</u>	Work Phone _____
City/State/ZIP: <u>Sturgis, MS 39769</u>	Relation to Client: _____

DECEDENT INFORMATION:

(IF YOU ARE FILING ON BEHALF OF A DECEASED PATIENT, PLEASE COMPLETE THE INFORMATION BELOW)

Name of Deceased Patient: _____ Relationship to Client: _____
Date of Birth: ____/____/____ Date of Death: ____/____/____ SSN: ____-____-____

What was the cause of death, as listed on the Death Certificate?

Was an autopsy performed? (Please circle) YES NO

Because of privacy rules under The Health Insurance Portability Act (HIPPA), Public Law 104-191, August 21, 1996, and lack of relevance to McAlister's Motion to Dismiss, only pages 1 and 2 of the enclosures are included in this Exhibit, and the remaining 10 pages of enclosures to Avandia client Carlene Smith's referral letter are omitted.